

**Issue Classification**

XXXXXXXXXXXXXXXXXXXXX  
 \_\_\_\_\_  
 (Assistant Examiner) (Date)  
 \_\_\_\_\_  
 (Legal Instruments Examiner) (Date)

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47		
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